The Federal Office of Rural Health Policy

Mission

FORHP collaborates with rural communities and partners to support programs and shape policy that will improve health in rural America.

Quick Background

Part of HRSA & DHHS

"Voice for Rural"

Policy & Research Role

Review HHS Regulations

Administer Grant Programs

Technical Assistance

Building Healthy Rural Communities

Federal Office of Rural Health Policy

9/25/2018

FY 2018 Federal Office of Rural Health Policy Budget: $270,794,000	
Rural Health Policy Development	$9.3 million
Rural Health Outreach Programs	$71.4 million
Rural Hospital Flexibility Grants	$49.6 million
State Offices of Rural Health	$10 million
Radiation Exposure & Screening	$1.8 million
Black Lung Clinics	$10 million
Telehealth	$23.5 million
Rural Communities Opioids Response	**$100 million**
Rural Residency Program	**$15 million**

FY 2019 Federal Office of Rural Health Policy Budget: $371,794,000	
Rural Health Policy Development	$9.3 million
Rural Health Outreach Programs	$77.5 million
Rural Hospital Flexibility Grants	$53.6 million
State Offices of Rural Health	$10 million
Radiation Exposure & Screening	$1.8 million
Black Lung Clinics	$11 million
Telehealth	$24.5 million
Rural Communities Opioids Response	$120 million
Rural Residency Program	$10 million

Focus Areas for FORHP

Regulation Review & Research

Rural Hospital Viability

Telehealth

Departmental Priorities

- Opioids
- Soaring drug prices
- Affordability
- Shift to value

Federal and Private Partnerships

Enhancing FORHP Program Impact

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

U.S. Department of Health & Human Services
HRSA
Federal Office of Rural Health Policy

Other Priorities

- **Outcomes**
  - Emphasizes in funding opportunity announcements

- **Collaboration**
  - External to HRSA
    - Rural Strategy Working Group
    - Rural Initiative
    - Other federal entities
    - Non-federal entities (NRHA, AHA, NGA etc)
  - Internal to HRSA
    - Focus on partnering with other Bureaus and Offices across the agency.

U.S. Department of Health & Human Services
HRSA
Federal Office of Rural Health Policy

RCORP Budget – FY 2018

Report Language: The agreement provides $100,000,000 for a Rural Communities Opioids Response to support treatment for and prevention of substance use disorder, with a focus on the 220 counties identified by the Centers for Disease Control and Prevention as being at risk, and other rural communities at the highest risk for substance use disorder. This initiative would include improving access to and recruitment of new substance use disorder providers; building sustainable treatment resources, increasing use of telehealth; establishing cross-sector community partnerships, and implementing new models of care, including integrated behavioral health; and technical assistance. HRSA may also use funds for loan repayment through the National Health Service Corps. Activities should incorporate robust evidence-based interventions or promising practice models in community education and workforce training, capacity building and sustainability strategies and facilitate linkage of prevention, treatment, and recovery services. Within the funds provided to Health Workforce for the National Health Service Corps, the agreement directs up to $30,000,000 in addition to the funding in Rural Health for the Rural Communities Opioid Response initiative.

Bill Language (law): "Funds should be allocated by September, 2022"

U.S. Department of Health & Human Services
HRSA
Federal Office of Rural Health Policy

RCORP Budget-FY 2019

- *Rural Communities Opioids Response*.—The bill provides $120,000,000 for a Rural Communities Opioids Response to support treatment for and prevention of substance use disorder, with a focus on rural communities at the highest risk for substance use disorder. This initiative would include improving access to and recruitment of new substance use disorder providers; building sustainable treatment resources, increasing use of telehealth; establishing cross-sector community partnerships, and implementing new models of care, including integrated behavioral health; and technical assistance. HRSA may also use funds for loan repayment through the National Health Service Corps. *Within the funding provided, the Committee also includes $20,000,000 for the establishment of three Rural Centers of Excellence on Substance Use Disorders that will support the dissemination of best practices related to the treatment for and prevention of substance use disorders within rural communities, with a focus on the current opioid crisis and developing methods to address future substance use disorder epidemics.*

9/30/18 – 9/29/19 ~95 Planning awards

9/30/18 – 9/29/22 1 TA Center (4 years)

6/1/19 – 5/31/20 * 120 Planning awards

9/1/19 – 8/31/21 * 60 Implementation awards

6/1/19 – 5/31/22 * 1 Evaluator (3 years)

9/1/20 – 8/31/22* 55 Implementation

Connect with FORHP

Focus on …

- Rural-focused Funding opportunities
- Policy and Regulatory Developments Affecting Rural Providers and Communities
- Rural Research findings
- Policy updates from a Rural Perspective

Announcements from the

Federal Office of Rural Health Policy

Special Edition - April 29, 2016

Historic Change to How Clinicians Are Paid - Comments Requested by June 27

At the heart of the proposed rule that CMS issued on April 27th is the Quality Payment Program which, beginning in 2019, would offer new systems for paying doctors and other clinicians who serve Medicare beneficiaries. One, the Merit-Based Incentive Payment System (MIPS), would evaluate the quality of care delivered based on four performance categories: cost, quality, exchange of information (use of electronic health records) and clinical practice improvement. The second system, advanced Alternative Payment Models (APMs), offers higher financial incentive to clinicians who improve quality by coordinating care across providers and settings. Initiatives for coordinated care include CMS's Accountable Care Organization (ACO) Model and Comprehensive Primary Care.

The rule would consolidate three existing payment programs under MIPS: the Physician Quality Reporting System, the Physician Value-based Payment Modifier and the Electronic Health Record Incentive Program. It is the first step toward implementing the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which aims to lower costs while raising quality of health care delivery. It's expected that most Medicare clinicians will initially participate in the MIPS program but over time will move toward the alternative payment model.

What do rural providers need to know? First, that CMS needs your review and feedback to understand the challenges that are unique to rural areas and how these changes would affect your practice. Once the proposed rule is officially published on May 9th, **CMS will accept comments until Monday, June 27th.** Some key issues for your consideration:

- For the first two years of MIPS, Eligible Professionals (EPs) would include physicians, physician assistants, nurse practitioners, clinical nurse specialists and certified registered nurse anesthetists. Other professionals may be added in later.
- EPs below the low-volume threshold would be excluded from MIPS. The proposal defines the threshold as having Medicare billing charges less than or equal to $10,000 and providing care for 100 or fewer Part B-enrolled Medicare beneficiaries.
- The MIPS adjustment would apply to EPs who have assigned their billing rights to a Critical Access Hospital (i.e. Method II CAH billing).
- Currently, Rural Health Clinics and Federally Qualified Health Centers are excluded from reporting to MIPS since they are paid differently under Medicare. CMS is asking for comment on whether these safety net providers should but have the option to voluntarily report on applicable measures and activities with no penalty in order to remain in alignment with broader efforts under Delivery System Reform.

To sign up, email Michelle Daniels at:
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Questions